

O.S.C.A.R. STATE CONFERENCE REGISTRATION FORM**(One form per person, please)**

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ EMAIL: _____
SOCIETY: _____

OFFICE(S)/TITLE(S): (Check all that apply, and list name of offices, chairmanship or society).

___ Nat'l Officer: _____

___ Honorary National President

___ Nat'l Chairman: _____

___ State Officer: _____

___ Honorary State President

___ State Chairman: _____

___ Society President: _____

___ Member ___ Member Guest

___ Sr Nat'l Officer: _____

___ Honorary Senior National President

___ Senior National Honorary Vice President

___ Sr Nat'l Chairman: _____

___ Sr State Officer: _____

___ Honorary Senior State President

___ Senior State Chairman: _____

___ Senior Society President: _____

___ Senior ___ Senior Guest

___ **REGISTRATION:** (\$10.00 for members, \$15.00 for seniors) **Everyone attending any event(s) must pay this fee!**

\$10/\$15 \$ _____

___ medical/physical restrictions/needs entered on back of sheet

___ **LATE FEE FOR REGISTRATION** (postmarked after February 24, 2025) \$8.00 \$ ________ **FRIDAY DONATION PIN SUPPER** \$5.00 \$ ________ **FRIDAY NIGHT PIZZA PARTY** (\$10.00 for members, \$12.00 for seniors) \$10/\$12 \$ ________ **SATURDAY BREAKFAST BUFFET** (\$19.00 for members, \$20.00 for seniors) \$19/20 \$ ________ **SATURDAY BOXED LUNCH** \$22.00 \$ _____

___ Roast Beef ___ Turkey ___ Grilled Portabella (vegan)

___ **SATURDAY AFTERNOON EVENT** (pay on your own when you arrive to The WEB Extreme,
7172 Cincinnati Dayton Rd. West Chester, OH 45069) ___ Attending ___ Not Attending**SATURDAY NIGHT BANQUET:**

___ Dietary restrictions entered on back of sheet

___ Adult Buffet (3 entrees) \$55.00 \$ _____

___ Child Buffet (chicken fingers/tenders) \$28.00 \$ _____

___ Adult Balsamic Portobello Mushroom Plated Dinner (vegan) \$44.00 \$ _____

___ **LATE FEE FOR BANQUET:** (Postmarked after February 24, 2025) \$8.00 \$ ________ **SUNDAY BREAKFAST BUFFET** (\$19.00 for members, \$20.00 for seniors) \$19/20 \$ _____**PATRON DONATION :**

___ HOPE CHAMPION \$100 ___ \$75 CELEBRATION SPIRIT ___ \$50 FESTIVE FREEDOM ___ \$25 BIRTHDAY CHEER

Name for Program Listing _____ \$ _____

TOTAL DUE (make checks payable to **O.S.C.A.R. Senior State Treasurer**) \$ _____Mail registration and check by **Feb. 24, 2025** to: _____

Marie Perkins, Senior State Registrar, 8439 Point O Woods CT Springboro, OH 45066

PLEASE NOTE: Only paper registrations with full payment will be accepted.Registration(s) must be postmarked by **Feb. 24, 2025** to avoid late fees.No reservations/refunds postmarked after **Feb. 28, 2025** will be accepted.

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